

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/620,155
	Filing Date	07/14/2003
	First Named Inventor	Gjerde
	Art Unit	1744
	Examiner Name	N/A
Total Number of Pages in This Submission	Attorney Docket Number	P002.210

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 Substitute Specification	<input checked="" type="checkbox"/> Drawing(s) Replacement <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Post Card Copy of Notice
<b>Remarks</b> Please charge Deposit Account No. 502852 for any additional fees associated with this paper or during the pendency of this application		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	<del>Christopher M. Holman</del> CH Christopher M. Holman Reg. No. 40,021
Signature	<i>CH</i>
Date	23 Oct 2003

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Christopher M. Holman	
Signature	<i>CH</i>	Date 23 Oct 2003

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On 23 Oct 2003

By CMH  
Christopher M. Holman

Attorney Docket No. P002.210

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gjerde et al.

Application No.: 10,620,155

Filed: 14 July 2003

For: Low Dead Volume Extraction Column  
Devices

Examiner: «Examiner»

Art Unit: «ArtUnit»

RESPONSE TO NOTICE TO FILE  
CORRECTED APPLICATION PAPERS

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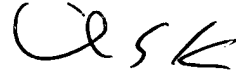
Pursuant to the Notice to File Corrected Application Papers dated 16 Oct 2003, enclosed are the following to be made of record in the above-identified application:

1. Transmittal Sheet;
2. Copy of Notice to File Corrected Application Papers;
3. Substitute Specification;
4. Replacement Drawing;
5. Receipt indication postcard;

The Commissioner is hereby authorized to charge any additional fees associated with this paper or during the pendency of this application, or credit any overpayment, to Deposit Account No. 50-2852.

Phynexus, Inc.  
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San Jose, CA 95136  
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Respectfully submitted,

A handwritten signature in black ink, appearing to read 'C. Holman', with a stylized flourish at the end.

Christopher M. Holman  
Reg. No. 40,021